

1230

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

| 1. PLACE OF DEATH | | Arizona State Board of Health | | STATE FILE NO. 98 | |
|---|------------------|---|--|--|------------------|
| STANDARD CERTIFICATE OF DEATH | | BUREAU OF VITAL STATISTICS | | REGISTERED NO. 70 | |
| COUNTY | Graham | STATE | ARIZONA | | |
| TOWNSHIP | Safford | OR VILLAGE | | | |
| CITY | Pima | NO. | | ST. | WARD |
| (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) | | | | | |
| LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED | | 54 YRS. | MOS. | DS. | 54 YRS. MOS. DS. |
| 2. FULL NAME | | Henry Jones | | | |
| (A) RESIDENCE: NO. | | Pima | ST. | WARD. | |
| (USUAL PLACE OF ABODE) | | (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) | | |
| Male | White | Widowed | July 14, 1935 | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM | | |
| Wife deceased | | | Jan 30, 1930, TO July 14, 1935 | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | | LAST SAW HIM ALIVE ON | | |
| 14 Feb 1846 | | | July 2, 1935; DEATH IS SAID | | |
| 7. AGE | YEARS | MONTHS | DAYS | TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11 a. m. | |
| 89 | 5 | 1 | | THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: | |
| 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. | | | Senile General | | |
| 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. | | | Parasite of the Insane | | |
| 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) | | | 1932 | | |
| 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION | | | OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) | | | NAME OF OPERATION | | |
| England | | | DATE OF | | |
| 13. NAME | | | WHAT TEST | | |
| John Jones | | | CONFIRMED DIAGNOSIS? | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) | | | WAS THERE AN AUTOPSY? | | |
| Birmingham | | | No | | |
| 15. MAIDEN NAME | | | 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: | | |
| Dorothy Jones | | | ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) | | | WHERE DID INJURY OCCUR? | | |
| England | | | (SPECIFY CITY OR TOWN, COUNTY AND STATE) | | |
| 17. INFORMANT (ADDRESS) | | | SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE | | |
| William Jones | | | MANNER OF INJURY | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE | | | NATURE OF INJURY | | |
| Pima | | | 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? | | |
| 19. EMBALMER (LICENSE NO.) | | | No | | |
| Funeral Director | | | IF SO, SPECIFY | | |
| Address | | | (SIGNED) | | |
| 20. FILED | | | (ADDRESS) | | |
| Aug 27, 1935 | | | O. H. Brantow, M. D. | | |
| Registrar | | | Pima, Arizona | | |